

Vocal Tract Discomfort (VTD)

How to complete this Questionnaire:

- This questionnaire is designed as an aid in the assessment of the severity and impact of your throat problem on your life.
- The following are symptoms or sensations you may feel in your throat, which may occur as part of your voice problem.
- Please indicate the frequency with which they occur and the severity of the symptom/sensation, by circling a number in the appropriate column

Situation	Frequency							Severity						
	Never	sometimes		often		always		None	Mild		Moderate		Extreme	
	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Burning	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Tight	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Dry.	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Aching	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Tickling	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Sore	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Lump in Throat	0	1	2	3	4	5	6	0	1	2	3	4	5	6
TOTAL	_____													

Modified from:

Mathieson, L et al. Vocal Tract Discomfort in Hyperfunctional Dysphonia. *J Voice*
1993; 2:40-8

